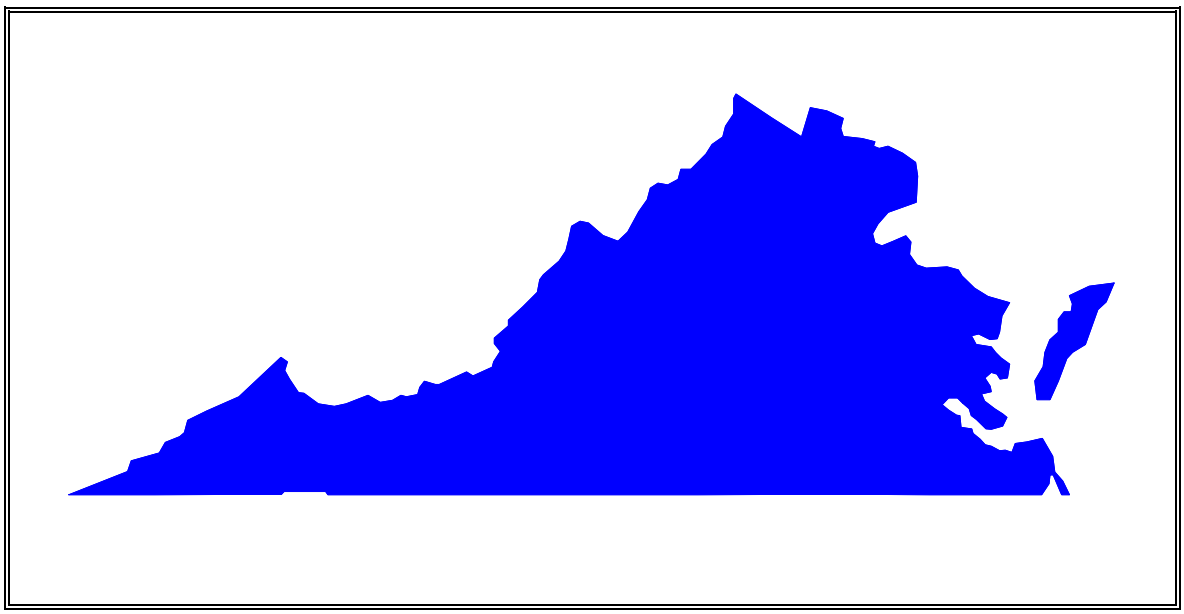
Virginia Department of Medical Assistance Services

Companion Guide

For 276/277 Claim Status Request & Response Transactions

Version 1.5 Updated 04/01/2008



ASC X12N 276 & 277
VERSION 004010 X093A1

First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1	Original Implementation	08/07/03
Version 1.2 –	**NPI modifications** Modified Special Notes #2, 3, 4, 5, 6 Added Special Notes #7, 8, & 9 **For 276 Claim Status Request** Modified comments (page reference **63**) Loop 2100B – NM108 Receiver Identification Code Qualifier Modified comments (page reference **63**) Loop 2100B – NM109 Receiver Identification Code Modified comments (page reference **68**) Loop 2100C – NM108 Provider Identification Code Qualifier Modified comments (page reference **69**) Loop 2100C – NM109 Provider Identification Code **For 277 Claim Status Response** Modified comments (page reference **139**) Loop 2100B – NM108 Receiver Identification Code Qualifier Modified comments (page reference **140**) Loop 2100B – NM109 Receiver Identification Code Modified comments (page reference **144**) Loop 2100C – NM108 Provider Identification Code Qualifier Modified comments (page reference **145**) Loop 2100C – NM109 Provider Identification Code	12/01/06
Version 1.3 – Changed statement of when Dual Usage Mode is scheduled to begin.		
Version 1.4 – Changed for Contingency Dual Use period.		06/06/2007
Version 1.5 - Changed for NPI Compliance Date		04/01/2008
	Removed highlighting from previous version. Deleted Special Note #7. Modified Special Note #8, which was renumbered to #7. **For 276 Claim Status Request** Modified comments (page reference **63**) Loop 2100B – NM108 Receiver Identification Code Qualifier Modified comments (page reference **63**) Loop 2100B – NM109 Receiver Identification Code Modified comments (page reference **68**) Loop 2100C – NM108 Provider Identification Code Qualifier Modified comments (page reference **69**) Loop 2100C – NM109 Provider Identification Code	

For 277 Claim Status Response

Modified comments (page reference **139**)
Loop 2100B – NM108 Receiver Identification Code Qualifier
Modified comments (page reference **140**)
Loop 2100B – NM109 Receiver Identification Code
Modified comments (page reference **144**)
Loop 2100C – NM108 Provider Identification Code Qualifier
Modified comments (page reference **145**)
Loop 2100C – NM109 Provider Identification Code

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim status transactions.
The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.
Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

PURPOSE

- 276 - Request current status of claims.
- 277 – Return the requested claims status information.

SPECIAL NOTES

1. 276 Claim Status Requests may be sent at any time; 24 hours a day; 7 days a week.
2. For 276 transactions submitted by 5:00 P.M., 277 Response transactions will normally be available for pickup by 6 A.M. the following day.
3. For 276 transactions submitted after 5:00 P.M., 277 Response transactions will not be available for pickup until 6 A.M. of the second day.
4. There is no batch processing on Sundays. For 276 transactions submitted after 5:00 P.M. on Saturday, 277 Response transactions will not be available for pickup until 6 A.M. on Tuesday.
5. The 997 Response will normally be available for pickup within 1-1/2 hours after file submission unless there are unforeseen technical difficulties.

6. For any 276 Request that has no claim matches, Virginia Medicaid will return a single 277 Response with a value of "R0" in Status-Category-Code-1 and a value of "487" in Status-Code-1.

7. Only the NPI or API will be accepted on the 276 Claim Status Request Transaction or returned on the 277 Claim Status Response Transaction. Claims that match the search criteria and were adjudicated using either the NPI or API, or a legacy Medicaid-ID that matches the NPI or API, of the 276 Request will be returned on the 277 Response.

276 Claim Status Request

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 – Authorization Information Qualifier	Use “00” - No Authorization Information Present.
B.4	N/A	ISA	ISA03 – Security Information Qualifier	Use “00” - No Security Information Present.
B.4	N/A	ISA	ISA05 – Interchange ID Qualifier	Use “ZZ” - Mutually Defined.
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	Use “ZZ” - Mutually Defined.
B.5	N/A	ISA	ISA08 – Interchange Receiver ID	Use “VMAP FHSC FA”.
B.6	N/A	ISA	ISA14 – Acknowledgment Requested	Use “0” – No Acknowledgement Requested.
B.8	N/A	GS	GS02 – Application	Use 4-character service center ID

			Sender's Code	assigned by Virginia Medicaid
B.8	N/A	GS	GS03 – Application Receiver's Code	Use "VMAP FHSC FA".
B.9	N/A	GS	GS08 – Version/Release/Industry Identifier Code	Use "004010X093A1".
55	2100A	NM1	NM103 - Payer Organization Name	Use "Va Dept of Medical Asst Services". This will be required until the National Health Plan Identifier is active.
55	2100A	NM1	NM108 - Payer Identification Code Qualifier	Use "FI"
56	2100A	NM1	NM109 - Payer Identification Code	Use "546166277".
57	2100A	PER		Payer Contact Information is not needed by Virginia Medicaid. It is used to distinguish different contact points if the payer has multiple systems.
63	2100B	NM1	NM108 – Receiver Identification Code Qualifier	"46" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
63	2100B	NM1	NM109 – Receiver Identification Code	Only Atypical Provider ID or NPI are allowed.
68	2100C	NM1	NM108 - Provider Identification Code Qualifier	"SV" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
69	2100C	NM1	NM109 - Payer Identification Code	Only Atypical Provider ID or NPI are allowed.
72	2000D	DMG		This segment is required for Virginia Medicaid because the subscriber is the patient.
Page	**Loop**	**Segment**	**Data Element**	**Comments**
74	2100D	NM1	NM101 - Subscriber Identification Code	Use "QC". The patient is always the subscriber for Virginia Medicaid.
75	2100D	NM1	NM102 - Subscriber Type Qualifier	Use "1" Person.
76	2100D	NM1	NM108 - Subscriber Identification Code Qualifier	Use "MI" Member-ID Number.
76	2100D	NM1	NM109 - Subscriber Identifier	Use the patient's 12-character enrollee ID number assigned by Virginia Medicaid.
77	2200D	TRN		This segment is required for Virginia Medicaid because the

				subscriber is the patient.
77	2200D	TRN	TRN02 - Reference Identification	Use the provider's claim number, such as Patient Account Number or Prescription Number.
78	2200D	REF	REF01 – Reference Identification Qualifier	Use "1K" - Payer Claim Number
79	2200D	REF	REF02 – Reference Identification	Use the 16-character Virginia Medicaid assigned claim number - ICN.
Addenda p.14	2200D	REF		The "LU" Ref segment is not needed by Virginia Medicaid. It is used to show the group the patient belongs to.
84	2200D	AMT		This segment is required for Virginia Medicaid because the subscriber is the patient.
86	2200D	DTP		This segment is required for Virginia Medicaid because the subscriber is the patient.
94 - 119	All Loops	All Segments	All Data Elements	None of the loops/segments for Dependent are needed for Virginia Medicaid because the subscriber is the patient.

277 Claim Status Response

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 – Authorization Information Qualifier	"00" - No Authorization Information Present.
B.4	N/A	ISA	ISA03 – Security Information Qualifier	"00" - No Security Information Present.
B.4	N/A	ISA	ISA05 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
B.4	N/A	ISA	ISA06 – Interchange Sender ID	"VMAP FHSC FA".
B.4	N/A	ISA	ISA07 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
B.6	N/A	ISA	ISA14 – Acknowledgment Requested	"0" – No Acknowledgement Requested.
B.8	N/A	GS	GS02 – Application Sender's Code	"VMAP FHSC FA".
B.8	N/A	GS	GS03 – Application Receiver's Code	4-character service center ID assigned by Virginia Medicaid
B.9	N/A	GS	GS08 – Version/Release/Industry Identifier Code	"004010X093A1".
126	N/A	BHT	BHT03 – Reference Identification	"277X093A1"
126	N/A	BHT	BHT06 – Transaction Type Code	"DG" Claim Status – This value also distinguishes a Requested Response from an Unsolicited Response which instead contains "NO".
131	2100A	NM1	NM103 - Payer Organization Name	"Va Dept of Medical Asst Services". Required until the National Health Plan ID is active.
131	2100A	NM1	NM108 - Payer Identification Code Qualifier	"FI"
132	2100A	NM1	NM109 - Payer Identification Code	"546166277".
133	2100A	PER		Payer Contact Information is not used by Virginia Medicaid. It is used to distinguish different contact points if the payer has multiple systems.
139	2100B	NM1	NM108 – Receiver Identification Code Qualifier	"46" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
140	2100B	NM1	NM109 – Receiver	Only Atypical Providers IDs or

			Identification Code	NPIs are returned on the 277.
144	2100C	NM1	NM108 - Provider Identification Code Qualifier	"SV" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
145	2100C	NM1	NM109 - Provider Identification Code	Only Atypical Providers IDs or NPIs are returned on the 277.
Page	**Loop**	**Segment**	**Data Element**	**Comments**
148	2000D	DMG		This segment is required for Virginia Medicaid because the subscriber is the patient.
150	2100D	NM1	NM101 - Subscriber Identification Code	"QC". The patient is always the subscriber for Virginia Medicaid.
151	2100D	NM1	NM102 - Subscriber Type Qualifier	"1" Person.
151	2100D	NM1	NM108 - Subscriber Identification Code Qualifier	"MI" Member-ID Number.
152	2100D	NM1	NM109 – Subscriber Identifier	The patient's 12-character enrollee ID number assigned by Virginia Medicaid.
153	2200D	TRN		This segment is required for Virginia Medicaid because the subscriber is the patient.
153	2200D	TRN	TRN02 - Reference Identification	The provider's claim number, such as Patient Account Number or Prescription Number.
165	2200D	REF	REF01 – Reference Identification Qualifier	"1K" Payer Claim Number
166	2200D	REF	REF02 – Reference Identification	The 16-character Virginia Medicaid assigned claim number - ICN.
Adden-da p.14	2200D	REF		The "LU" REF segment is not used by Virginia Medicaid. It is intended to show the group the patient belongs to.
171	2200D	DTP		This segment is required for Virginia Medicaid because the subscriber is the patient.
190 - 234	All Loops	All Segments	All Data Elements	None of the loops/segments for Dependent are needed for Virginia Medicaid because the subscriber is the patient.